

UNIVERSITY OF MINNESOTA  
THE MEDICAL SCHOOL  
MINNEAPOLIS 14

DEPARTMENT OF SURGERY  
OFFICE OF THE CHIEF

Owen H. Wangensteen, M.D.

November 2, 1960

Dr. Clarence Dennis  
Kryssarvagen 10  
Nasby Park  
Sweden

Dear Dr. Dennis:

In talking with young men struggling to make up their minds concerning a proper course to take in the shaping of their surgical careers, I often encounter attitudes of puzzlement and seeming confusion. These seem to be rather difficult decisions for all young surgical aspirants to make. Motivations and deliberations, which assist them in deciding upon a course of action, I find, are not always readily articulated into words.

It occurred to me that an inquiry directed at a mature group of men, who had made these same decisions, would supply answers which could prove helpful in understanding these perplexing problems of the young man.

It would please me very much, therefore, if you would be good enough to try to supply answers to the following questions. This inquiry is being directed to all surgeons trained here who qualified for an academic degree in Surgery from this Clinic and who have spent a number of years in an academic post. It would please me very much indeed, if you would consent to supply answers to the queries posed herein.

With many thanks and sincere good wishes,

Sincerely,

*OHW/NK*

OHW/co  
Enclosure

## I. Decision to study medicine

1. How old were you when you first decided to become a doctor?

20

2. Was it a firm decision, readily made, or did you debate it with yourself for days, weeks, months or years?

It has been debated 6 years. I wanted to go into engineering.

3. What were the important determinants that influenced your decision?

Probably my mother's hope that I would follow my father in surgery. He died in 1923, when I was 14

## II. Decision to become a surgeon To be a surgeon was my reason for going into medicine.

1. When did you first decide to become a surgeon?

Age 20, 3rd year college at Harvard-

2. Was this decision more readily or easily arrived at than deciding to study medicine? More easily -

3. What were the factors that influenced your decision?

The possibility of more decisive action than in other fields of medicine - Parental influence.  
Later, the decision to return to surgery from physiology was not easy, but was made because it appeared to me possible to contribute more in both areas as a surgeon than as a physiologist.

III. What suggestions have you for the improvement of the educational process in the training of surgeons?

Eliminate the archaic items from the medical school curriculum - eg. many details of anatomy, Latin prescription writing, etc., to permit him to finish younger.

Blend the humanities + the medical courses into a single 5-7 year course out of high school  
Give a good 4th year clerkship, + omit the internship for the promising men.

IV. What are the essentials of an "ideal" arrangement for the surgical academician in a university atmosphere?

- Remove the limitations of interests + activities imposed by the specialty boards. Remove many of the boards.
- Permit time for research, personally, at all levels including the chairman. A professional administrator under the departmental chairman helps.
- Permit private earnings of the faculty man will "die on the vine" from loss of personal patient (over)

V. Additional comment

Take away the arbitrary time requirements of the specialty boards + let each man progress as a conscientious teacher thinks he can.  
Provide research experience throughout.

Signature



responsibility

d. These earnings should be a small fraction of total income, otherwise they too often pull a man away from the productive academic work for which he is presumably best equipped. Such an arrangement facilitates also the taking of sabbatical leaves.

e) The excess earnings which a surgeon may accidentally have should not be a pawn in the hands of the administration. The surgeon should not be expected to support the school, or he becomes a financial prop instead of an academic pioneer.

f) The enterprising academic surgeon should be entitled to channel his own excess earnings into his research undertakings. Probably the chairman of the department should be entitled to guide the use of such funds wisely.

g) The total economic return of academic full-time surgeons should be adequate to permit them to participate in local & national professional societies & activities without embarrassment. It is reasonable that it should be substantially more than that of the basic science people, for more selection is used in the first place, more years of training are needed in the second, and more continuously growing responsibility, as for individual patient safety, wears upon them in the third.

h) The above considerations are means to an end. The atmosphere must be cordial to students & faculty alike, must foster an inquisitive attitude in all, & must be intellectually & morally sound.

i) The training program should be in the heart of a great university, if possible, as the rewards are tremendous. This is the biggest single problem in Brooklyn. When Lawson tried to change it to a medical school, the atmosphere in relation to administration & other departments was very unfortunate.